

FORMAL APPLICATION CAPITAL ASSISTANCE



FY 2006

**MONTANA DEPARTMENT OF TRANSPORTATION
TRANSIT SECTION
2550 PROSPECT AVENUE
PO BOX 201001
HELENA MONTANA 59620-1001**

**PHONE: (406) 444-4265
FAX: (406) 444-7671
<http://www.mdt.state.mt.us>**



The Department of Transportation attempts to provide reasonable accommodations for any known disability that may interfere with a person participating in any service, program or activity of the department. Alternative accessible formats of this document will be provided upon request. For further information call (406) 444-4265 or TTY (800) 335-7592.

Before submitting to the Transportation Planning Division, please check to make sure the following attachments are included with the application.

A T T A C H M E N T S

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1. Yes/No There are taxi or other private operators in the proposed service area.
2. Yes/No Private operators and the public must be assured an early opportunity to participate in the service development process. Attached are documents verifying all efforts to notify taxi and other private operators of meetings, hearings, forums and other activities involving this application.
3. Yes/No If applicable, attached is a description or correspondence of unresolved complaints from taxi or other private operators.
4. Yes/No A copy of your local program complaint procedures. **Required**
5. Yes/No A copy of the public notice given in the area newspapers and the **Affidavit of Publication** for said public notice. **(A minimum of 15 days response time must be provided prior to submission to MDT.)Required**
6. Yes/No A copy of the public hearing transcript, if a public hearing was requested. **Required**
7. Yes/No A copy of your maintenance plan. **Required**
8. Yes/No Copies of the last four meeting minutes from your local Transportation Advisory Committee (TAC). **Required**
9. Yes/No Articles of Incorporation. **Required**
10. Yes/No Bylaws. **Required**
11. Yes/No Most recent copy showing verification of exemption as a private non-profit organization under IRS Section 501(c). **Required**
12. Yes/No **For applicants in Billings, Great Falls, and Missoula urbanized areas only** - written verification that project is included in the Transportation Improvement Program adopted by the Metropolitan Planning Organization. **Required**

Montana Department of Transportation
Helena, Montana 59620-1001

Memorandum

To: Montana Transportation Providers

From: Patrick Sanders, Transit Planner
Transit Section

Date: October 1, 2004

Subject: **FY 2006 Capital Assistance Grant Application**

Attached is a formal application to receive funds for vehicles and/or other transportation-related equipment. This application must be received by the Transit Section **no later than February 1, 2005**.

Program Goal:

The goal of the Capital Assistance Program is to provide assistance in meeting the special transportation needs of elderly persons and persons with disabilities in all areas – urbanized, small urban, and rural. The program seeks to enhance coordination of federal assisted programs and services in order to encourage the most efficient use of Federal resources and achieve the national goal of improved mobility for elderly persons and persons with disabilities.

Eligible Applicants:

There are three categories of eligible subrecipients of Section 5310 funds:

1. Private nonprofit organizations. A private nonprofit organization is a corporation or association determined by the Secretary of the Treasury to be an organization described by 26 U.S.C. 501 (c) which is exempt from taxation under 26 U.S.C. 501(a) or one which has been determined under state law to be private nonprofit and for which the designated state agency has received documentation certifying the status of the private nonprofit organization.
2. Public bodies that certify to the Governor that no private nonprofit corporations or associations are readily available in an area to provide the service.
3. Public bodies approved by the State to coordinate services for elderly persons and persons with disabilities.

has identified as the lead agency to coordinate transportation services funded by multiple Federal or State human service programs.

Matching Requirements:

Federal funds cover 80 percent of the total vehicle cost with the remaining 20 percent match provided by the applicant organization. All of the local share must be provided from sources other than federal funds. **Matching funds will be requested approximately 45 days prior to equipment delivery.**

The Americans with Disabilities Act:

In light of the Americans with Disabilities Act, the Montana Department of Transportation, Transit Section has instituted the following policy:

All vehicles purchased through Montana's Capital Assistance Program will be either ramp or lift equipped.

An exception may be granted should the following occur: an agency has accessible vehicles providing transportation in the same service area where the new vehicle is scheduled to operate. An exception will **NOT** be made to an agency which claims none of their clients need accessible transportation. All requests for exemption will be reviewed on a case-by-case basis.

Private Sector Participation (Exhibit A):

Federal regulations require that a fair appraisal of private sector views and capabilities should be assured by affording private providers an early opportunity to participate in the development of new transportation services. To ensure that this requirement is met, the capital assistance applicant must issue a **public notice** describing the capital equipment they are applying for and the service they intend to offer to meet the special needs of elderly persons and persons with disabilities within the service area. The notice should invite any interested public or private for profit transit operators within the service area to comment on the proposed service. The notice should appear in a local publication with the greatest appropriate readership. **A minimum of 15 days response time must be provided prior to submission to the Montana Department of Transportation (MDT).**

Coordination:

All MDT recipients of Federal Transit Administration (FTA) capital assistance funding will coordinate and cooperate with other programs operating or planning to establish transportation systems in their service areas.

Reporting Requirements:

The applicant must be willing to prepare and submit timely quarterly reports on their entire transportation program as well as each vehicle that they may be successful in acquiring through a Capital Assistance Application process.

The applicant must be willing to prepare and submit timely quarterly reports on their entire transportation program as well as each vehicle that they may be successful in acquiring through a Capital Assistance Application process.

Transportation Advisory Committee (TAC) (Exhibit B):

Each transportation service must have a local TAC to serve as a planning committee who will identify and prioritize transportation needs and resources. TAC membership and minutes **must** represent the service area where the requested vehicle is to be placed. **The applicant must present their application to the TAC and there must be discussion about the application in the TAC meeting minutes.**

Program Complaint Procedures:

The State requires local transportation providers to have their own complaint procedures in place for resolving local disputes.

Commercial Driver's License:

Effective April 1, 1992, all drivers of vehicles designed to transport 16 or more passengers including the driver must have a Commercial Driver's License (CDL). Drivers who have CDL's (including volunteers) fall under the Federal Highway Administration's drug and alcohol rule and are subject to drug testing.

Should you have any questions regarding this application, please contact Patrick Sanders at 444-4265.

STATE OF MONTANA
FORMAL APPLICATION FOR
CAPITAL ASSISTANCE

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-
1. Legal Name of Applicant: _____
 2. Address: _____
City _____ MT Zip Code _____
 3. Name of Director or Manager: _____
 4. Telephone Number: _____ Fax: _____
 5. E-mail: _____
-
-

6. Are you a minority* organization? Yes _____ No _____
Do you serve a minority clientele? Yes _____ No _____

***Definition of "Minority"** (according to the Disadvantaged Business Enterprise (DBE) Program and 49 CFR Part 26):

A person who is a citizen or a lawful permanent resident of the United States and who is:

- a) **Black** (a person having origins in any of the black racial groups of Africa):
 - b) **Hispanic** (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race);
 - c) **Subcontinent Asian American** (a Person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands; or
 - d) **American Indian and Alaskan Native** a person having origins in any of the original peoples of North America).
 - e) Members of other groups, or other individuals, found to be economically and socially disadvantaged by the SBA under section 8(a) of the Small Business Act, as amended (15 U.S.C. 637 [a]).
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7. Computer Technology Requirements

Does your agency have the following Hardware/Software requirements:

- | | Y | N |
|--|---|---|
| • Computer | — | — |
| • Windows Operating System with Microsoft Word (Microsoft Office Suite recommended) | — | — |
| • Pentium Processor or better | — | — |
| • 16 MB of RAM (32 MB or more recommended) | — | — |
| • Internet Explorer or equivalent Web Browser | — | — |
| • E-mail Provider | — | — |

Do you have any specific hardware or software needs? Y or N

If yes, please identify:

8. Area Served by Your Organization: _____

9. Type of Transportation Service:

Demand Responsive _____ %
Fixed Route _____ %
Other (Specify) _____ %

10. Operating Data for Entire Program:

Total Rides Per Month: _____
Vehicle Hours Per Day: _____
Vehicle Miles Per Month: _____

11. Estimate the Number of Monthly Rides within the Following Groups (for Your Entire Transportation Program):

60 Years Old and Over: _____
Under 60 Years Old: _____
Disabled: _____

12. Vehicle(s) in this Application is/are Intended to:

Replace an Existing Vehicle: _____
Expand Existing Service: _____
Start New Service: _____

I am an officer of the applicant corporation herein and am authorized to make this verification on its behalf. The statements in the foregoing document are true of my own knowledge.

Executed on _____ at _____
(Date) (City and State)

(Signature of President or Chairperson of Organization)

(Print Name)

(Title)

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1. Describe your entire transportation service. Include route information, days and hours of service, total number of each client group served, and purpose of rides. List existing equipment operated by your agency on the following page.
-

List all passenger-carrying vehicles operated by your organization. This includes FTA and non-FTA sponsored vehicles.

| Vehicle Type | Model Year | Special Equipment* | Mileage | Condition | Number of Seats | | Anticipated Retirement Date | Source Funded By |
|--------------|------------|--------------------|---------|-----------|-----------------|----------|-----------------------------|------------------|
| | | | | | Amb. | Non-Amb. | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
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* Lifts, Ramps, etc.

List all passenger-carrying vehicles operated by your organization. This includes FTA and non-FTA sponsored vehicles.

| Vehicle Type | Model Year | Special Equipment* | Mileage | Condition | Number of Seats | | Anticipated Retirement Date | Source Funded By |
|--------------|------------|--------------------|---------|-----------|-----------------|----------|-----------------------------|------------------|
| | | | | | Amb. | Non-Amb. | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
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* Lifts, Ramps, etc.

List all passenger-carrying vehicles operated by your organization. This includes FTA and non-FTA sponsored vehicles.

| Vehicle Type | Model Year | Special Equipment* | Mileage | Condition | Number of Seats | | Anticipated Retirement Date | Source Funded By |
|--------------|------------|--------------------|---------|-----------|-----------------|----------|-----------------------------|------------------|
| | | | | | Amb. | Non-Amb. | | |
| 37 | | | | | | | | |
| 38 | | | | | | | | |
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| 54 | | | | | | | | |

* Lifts, Ramps, etc.

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2. Describe your transportation administrative organization. Include only those personnel (manager, clerical, bookkeeper, dispatcher, driver(s), mechanic(s), etc.) associated with your transportation program.
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3. Describe your preventive maintenance schedule for all vehicles, including preventive maintenance for lifts and other ADA equipment in your program. Include the name of the agency person responsible for vehicle maintenance as well as those providing additional maintenance service. Are separate files kept on individual vehicles?

Please include a copy of your written maintenance plan with this application. **The preventive maintenance plan must be adopted by your governing board with the date of adoption listed on the cover page.**

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4. Describe the need and use of the vehicle(s)/equipment being applied for. Discuss if the vehicle will be an expansion of the current fleet, and why, or a replacement of an existing vehicle. If other capital equipment is being requested, also provide information regarding the need and use.
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5. A. List all other agencies within your service area that have vehicles and describe their passengers, days and hours of service, and routes. Include the following: D.D. group homes and sheltered workshops, hospitals, nursing homes, retirement homes, senior centers, mental health centers, nutrition programs, foster grandparents, RSVP, Head Start, taxi companies and other public or private operators.
- B. Describe why each agency/organization listed is not able to assist you with your transportation needs. Use additional pages as necessary.
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6. The information presented here will be a major factor in determining your evaluation point score (coordination = 40 points). Responses should document any significant coordination efforts that you have made or plan to make. Any non-client passengers to be carried as a result of this coordination should be included in the ridership estimates on page 2, item #10.

Describe how your project coordinates with each agency listed in question #5. Explain how you propose to coordinate services with any other agency and/or to offer non-client service. This discussion should include any plans to advertise or enter into cooperative agreements. If other transportation services are operated in your service area, also explain what steps are taken to reduce duplication of services.

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7. Each applicant must provide information about their local process for private sector participation. Please address the following areas, as applicable. **Each item must be addressed. Respond "Non-Applicable" if it does not apply.**
-

- A) What role do private providers play in your transportation program?
- B) Explain your process for providing notice to private providers of proposed services.
- C) List all meetings, hearings or other opportunities given for involving the private sector early in the service development process.
- D) What is your process for reviewing private sector proposals offered for consideration and the rationale for inclusion or exclusion?
- E) Describe the criteria for making public/private service decisions including the methodology for making cost comparisons when there are two or more operators interested in providing services.
- F) Describe the methods for periodically reviewing services to determine whether they can be provided more efficiently by the private sector.
- G) If applicable, provide a description and status report on any unresolved complaints received from private operators.
- H) Attach a copy of your local program complaint procedures.

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8. Describe your Transportation Advisory Committee (TAC):
- TAC Membership, including chairperson
 - Meeting Schedule (Recommend quarterly meetings)
 - TAC Responsibilities
 - Private Sector Involvement
 - Include Copies of Minutes of the last **four** TAC Meetings
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9. List estimated **revenue** source(s) and amount(s) for covering **transportation operating expenses**. (Do not include agency local match funds for vehicle/equipment request.)
-

| <u>Source</u> | <u>Amount</u> |
|---|---------------|
| Contributions..... | \$ _____ |
| State Gasoline Tax to Counties for Transportation..... | \$ _____ |
| Advertising..... | \$ _____ |
| City and/or County Mill Levy..... | \$ _____ |
| Contracts (Please list) | |
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| Other (Please list) | |
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| Total Revenue | \$ _____ |

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10. List source(s) of funds for local match of requested vehicle(s) and/or equipment.
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11. Indicate the estimated current annual **transportation program** operating expenses. If no current budget exists, show proposed budget for first year of operation.

| | <u>Total</u> |
|--|--------------|
| Labor: | |
| Operators' Wages..... | \$ _____ |
| Other Salaries & Wages..... | \$ _____ |
| Fringe Benefits: | |
| Fringe Benefits Distribution..... | \$ _____ |
| Services: | |
| Professional & Technical Services..... | \$ _____ |
| Advertising Fees..... | \$ _____ |
| Temporary Help..... | \$ _____ |
| Contract Maintenance Services..... | \$ _____ |
| Custodial Services..... | \$ _____ |
| Other Services..... | \$ _____ |
| Materials & Supplies Consumed: | |
| Fuel & Lubricants..... | \$ _____ |
| Tires & Tubes..... | \$ _____ |
| Office Supplies..... | \$ _____ |
| Other Material & Supplies..... | \$ _____ |
| Utilities: | |
| Utilities..... | \$ _____ |
| Insurance, Casualty & Liability Costs: | |
| Casualty & Liability Costs..... | \$ _____ |
| Taxes: | |
| Property Tax..... | \$ _____ |
| Vehicle Licensing & Registration Fees..... | \$ _____ |
| Other Taxes..... | \$ _____ |
| Purchased Transportation Service: | |
| Purchased Transportation Service..... | \$ _____ |
| Miscellaneous Expenses: | |
| Dues & Subscriptions..... | \$ _____ |
| Travel & Meetings..... | \$ _____ |
| Other Miscellaneous Expense..... | \$ _____ |
| Leases & Rentals: | |
| Passenger Shelters..... | \$ _____ |
| Vehicles..... | \$ _____ |
| Facilities..... | \$ _____ |
| Total Transportation Expenditures..... | \$ _____ |

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12. Please estimate your five-year financial plan for your transportation program. Give a projection of revenue, a projection of costs, and a projection of your capital replacement plan for the next five years.
-

| <u>YEAR</u> | <u>REVENUE</u> | <u>COSTS</u> |
|-------------|----------------|--------------|
| 2006 | _____ | _____ |
| 2007 | _____ | _____ |
| 2008 | _____ | _____ |
| 2009 | _____ | _____ |
| 2010 | _____ | _____ |

CAPITAL NEEDS

| <u>YEAR</u> | <u>VEHICLE/EQUIPMENT DESCRIPTION</u> | <u>QUANTITY</u> |
|-------------|--------------------------------------|-----------------|
| 2006 | _____ | _____ |
| 2007 | _____ | _____ |
| 2008 | _____ | _____ |
| 2009 | _____ | _____ |
| 2010 | _____ | _____ |

13. Capital Assistance Request:

- (Check Requested Vehicle/Equipment Needs and Extend.)

| | <u>Vehicles</u> | <u>Quantity</u> | <u>Unit Cost</u> | <u>Total</u> |
|-----------|---|-----------------|------------------|--------------|
| 1. ___ | 7 Passenger Mini Van* | _____ | \$28,000 | \$ _____ |
| 2. ___ | Mini Van Conversion** (ramp) | ===== | \$41,000 | \$ _____ |
| 3. ___ | 10 Passenger Small Bus** (1 Wheelchair Station) | ===== | \$43,000 | \$ _____ |
| 4. ___ | 12 Passenger Small Bus** (2 Wheelchair Stations) | _____ | \$50,500 | \$ _____ |
| 5. ___ | 16 Passenger Small Bus** (2 Wheelchair Stations) | _____ | \$54,000 | \$ _____ |
| 6. ___ | 21 Passenger Small Bus** (2 Wheelchair Stations) | _____ | \$56,000 | \$ _____ |
| 7. ___ | 25 Passenger Small Bus** (2 Wheelchair Stations) | _____ | \$58,000 | \$ _____ |

*Note: If you do not have a wheelchair lift-equipped vehicle in your fleet that meets ADA standards, you cannot apply for a non-accessible van

****Note:** Lift or ramp equipped.
Diesel engines are an additional \$4,000 - \$5,000.

Equipment

| | | | | | |
|-----|-------|---------------------------|-------|----------|----------|
| 8. | _____ | Base Station | _____ | \$3,000 | \$ _____ |
| 9. | _____ | Mobile 2-way Radio | _____ | \$2,000 | \$ _____ |
| 10. | _____ | Computer | _____ | \$2,000 | \$ _____ |
| 11. | _____ | Other Equipment (Specify) | | | |
| | | _____ | _____ | \$ _____ | \$ _____ |
| | | | | \$ _____ | \$ _____ |

C. Federal Grant Request (80%) \$_____

| | | |
|----|-------------------|----|
| D. | Local Match (20%) | \$ |
|----|-------------------|----|

E. Total Estimated Cost of Project (100%) \$_____

A S S U R A N C E S

Applicant Organization Assurances

The following assurances are hereby made by the Applicant organization to the Montana Department of Transportation and the Federal Transit Administration:

1. The Applicant organization meets the required Section 5310 minimum program requirements as specified in the Application Guide.
2. The Applicant assures that it will comply with all applicable Federal statutes, regulations, executive orders, FTA circulars, and other Federal administrative requirements in carrying out any project supported by a FTA grant or cooperative agreement. The Applicant acknowledges that it is under a continuing obligation to comply with the terms and conditions of the grant or cooperative agreement issued for its project with FTA. The Applicant understands that Federal laws, regulations, policies, and administrative practices might be modified from time to time and affect the implementation of the project. The Applicant agrees that the most recent Federal requirements will apply to the project, unless FTA issues a written determination otherwise.
3. The Applicant organization assures, as a minimum, that insurance coverage will be provided on all vehicles and/or equipment purchased under this program grant sufficient to protect the Federal Government's matching share for the lifetime of the project.
4. The Applicant will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
5. The Applicant agrees to complete the project within the applicable project time periods following receipt of MDT approval.
6. The Applicant will comply with the transit employee protective provisions of 49 U.S.C. 5333(b) and has signed the "Labor Warranty Section 13(c)" certification.
7. The Applicant agrees to maintain or acquire sufficient legal, financial, technical, and managerial capacity to plan, manage, and complete the project, and provide for the use of project facilities and equipment. The applicant agrees to comply with all applicable Federal

laws, executive orders, regulations, directives, and published policies governing this project.

8. The applicant is recognized under state law as a private nonprofit organization with the legal capability to contract with the state to carry out the proposed project, or is a public body that has met the statutory requirements to receive Federal assistance authorized for 49 U.S.C. 5310.

9. The Applicant assures that sufficient non-Federal funds have been or will be committed to provide the required local share.

10. As required by 49 U.S.C. 5323(b), the Applicant certifies that it has, or before submitting its application, will have: a) Provided an adequate opportunity for a public hearing with adequate prior notice of the proposed project published in a newspaper of general circulation in the geographic area to be served; b) Held that hearing and provided MDT a transcript or detailed report summarizing the issues and responses, unless no one with a significant economic, social, or environmental interest requests a hearing; c) Considered the economic, social, and environmental effects of the project; and d) Determined that the project is consistent with official plans for developing the urban area.

11. The Applicant has, or will have by the time of delivery, sufficient funds to operate and maintain the vehicles and equipment purchased with Federal assistance awarded for this project.

12. The Applicant has, to the maximum extent feasible, coordinated with other transportation providers and users, including social service agencies authorized to purchase transit service.

13. The Applicant will comply with all applicable civil rights requirements, and has signed the Nondiscrimination Assurance.

14. The Applicant will comply with applicable requirements of U.S. DOT regulations on participation of disadvantaged business enterprises in U.S. DOT programs.

15. The Applicant will comply with Federal requirements regarding transportation of elderly persons and persons

with disabilities.

16. As required by 49 U.S.C. 5323(d) and FTA regulations, "Charter Service," at 49 CFR 604.7, the Applicant agrees that it will: (1) provide charter service that uses equipment or facilities acquired with Federal assistance authorized for 49 U.S.C. 5307, 5309, or 5311 or Title 23 U.S.C., only to the extent that there are no private charter service operators willing and able to provide the charter service that it or its recipients desire to provide, unless one or more of the exceptions in 49 CFR 604.9 applies, and (2) comply with the provisions of 49 CFR part 604 before they provide any charter service using equipment or facilities acquired with Federal assistance authorized for the above statutes.

The Applicant understands that the requirements of 49 CFR part 604 will apply to any charter service provided, the definitions in 49 CFR part 604 apply to this agreement, and violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further Federal assistance for transportation.

17. The Applicant agrees that it and all its recipients will: (1) Engage in school transportation operations in competition with private school transportation operators only to the extent permitted by an exception provided by 49 U.S.C. 5323(f), and implementing regulations, and (2) Comply with the requirements of 49 CFR part 605 before providing any school transportation using equipment or facilities acquired with Federal assistance awarded by FTA and authorized by 49 U.S.C. chapter 53 or Title 23 U.S.C. for transportation projects.

The Applicant understands that the requirements of 49 CFR part 605 will apply to any school transportation it provides, the definitions of 49 CFR part 605 apply to this school transportation agreement, and a violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further Federal assistance for transportation.

18. The Applicant, viewing its demand responsive service to the general public in its entirety, complies with or will comply with the requirement to provide demand responsive service to persons with disabilities, including persons who use wheelchairs, meeting the standards of equivalent service set forth in 49 CFR 37.77[©], before purchasing non-accessible vehicles for use

in demand responsive service for the general public.

19. The Applicant certifies that its procurements and procurement system will comply with all applicable requirements imposed by Federal laws, executive orders, or regulations and the requirements of FTA Circular 4220.1D, "Third Party Contracting Requirements," and other implementing requirements FTA may issue. The Applicant certifies that it will include in its contracts financed in whole or in part with FTA assistance all clauses required by Federal laws, executive orders, or regulations, and will ensure that each subrecipient and each contractor will also include in its subagreements and contracts financed in whole or in part with FTA assistance all applicable clauses required by Federal laws, executive orders, or regulations.

20. The Applicant has complied or will comply with the requirement that its project provide for the participation of private mass transportation companies to the maximum extent feasible.

21. The Applicant has paid or will pay just compensation under state or local law to each private mass transportation company for its franchise or property acquired under the project.

22. As required by U.S. DOT regulations, "New Restrictions on Lobbying," at 49 CFR 20.110, the Applicant certifies to the best of his or her knowledge and belief that for each application for a Federal assistance exceeding \$100,000: (1) No Federal appropriated funds have been or will be paid, by or on behalf of the Applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress pertaining to the award of any Federal assistance, or the extension, continuation, renewal, amendment, or modification of any Federal assistance agreement; and if any funds other than Federal appropriated funds have been or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any application to FTA for Federal assistance, the Applicant assures that it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," including the information required by the form's instructions, which may be amended to omit such

information as permitted by 31 U.S.C. 1352.

23. As required by U.S. DOT regulations regarding Governmentwide Debarment and Suspension (Nonprocurement) at 49 CFR 29.510:

- 1) The applicant certifies, to the best of its knowledge and belief that it:
 - a. is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b. has not, within a three (3) year period preceding this certification, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) transaction or violation of Federal or state antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, state, or local) with commission or any of the offenses listed in subparagraph (1)(b) of this certification; and
 - d. has not within a three-year period preceding this certification had one or more public transactions (Federal, state, or local) terminated for cause or default.

24. As required by FTA regulations, "Bus Testing," at 49CFR 665.7, the Applicant certifies that before expending any Federal assistance to acquire the first bus of any new bus model or any bus model with a new major change in configuration or components, or before authorizing final acceptance of that bus (as described in 49 CFR part 665), the bus model: a) will have been tested at a bus testing facility approved by FTA; and b) will have received a copy of the test report prepared on the bus model.

25. In compliance with Section VII of FTA Notice, "FTA National ITS Architecture Policy on Transit Projects," at 66 Fed. Reg. 1459, January 8, 2001, in the course of implementing an ITS project, the Applicant assures that it will comply, and require its third party contractors and subrecipients to comply, with all applicable requirements imposed by Section V (Regional ITS

Architecture) and Section VI (Project Implementation) of that Notice.

26. Unless otherwise noted, each of the Applicant's projects qualifies for a categorical exclusion and does not require further environmental approvals, as described in the joint FHWA/FTA regulations, "Environmental Impact and Related Procedures," at 23 CFR 771.117(c).

27. The Applicant will give FTA, the Comptroller General of the United States and the Montana Department of Transportation, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

Signed by _____

Organization Name _____

Date _____

Nondiscrimination Assurance

The Applicant, for itself, its assignees and successors in interest (hereinafter referred to as the "Applicant"), agrees as follows:

A) COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 FOR FEDERAL-AID CONTRACTS

(1) Compliance with Regulations: The Applicant shall comply with all Regulations relative to nondiscrimination in Federally-assisted programs of the Department of Transportation, 49 Code of Federal Regulations, Part 21, as they may be amended (hereafter referred to as the Regulations), which are incorporated by reference and made a part of this application.

(2) Nondiscrimination: The Applicant, with regard to the work performed by it during the contract, shall not discriminate on the grounds of sex, race, color, or national origin in the selection and retention of subcontractors, including procurement of materials and leases of equipment. The Applicant shall not participate either directly or indirectly in the discrimination prohibited by 49 CFR 21.5.

(3) Solicitations for Subcontracts, Including Procurements of Materials and Equipment: In all solicitations, whether by competitive bidding or negotiation by the Applicant for work to be performed under a subcontract, including procurements of materials or leases of equipment, any potential subcontractor or supplier shall be notified by the Applicant of the Applicant's obligations under its contract and the Regulations relative to nondiscrimination.

Information and Reports: The Applicant will provide all reports and information required by the Regulations, or directives issued pursuant thereto, and permit access to its books, records, accounts, other sources of information and its facilities as may be determined by the Department or the Federal Transit Administration (FTA) to be pertinent to ascertain compliance with Regulations or directives. Where any information required of a Applicant is in the exclusive possession of another who fails or refuses to furnish this information, the Applicant shall so certify to the Department or the FTA as requested, setting forth what efforts it has made to obtain the information.

(5) Sanctions for Noncompliance: In the event of the Applicant's noncompliance with the nondiscrimination provisions of the contract, Department may impose sanctions as it or the FTA determines appropriate, including, but not limited to,

(a) withholding payments to the Applicant under the contract until the Applicant complies, and/or

(b) cancellation, termination or suspension of the contract, in whole or in part.

Incorporation of Provisions: Applicant will include the provisions of paragraphs

(1) through (6) in every subcontract, including procurement of materials and leases of equipment, unless exempt by the Regulations or directives issued pursuant thereto. Applicant will take such action with respect to any subcontract or procurement as the Department or the FTA may direct to enforce such provisions including sanctions for noncompliance: Provided, however, that in the event Applicant is sued or is threatened with litigation by a subcontractor or supplier as a result of such direction, the Applicant may request the Department to enter into the litigation to protect the interests of the State, and, in addition, the Applicant or the State may request the United States to enter into such litigation to protect the interests of the United States.

B) COMPLIANCE WITH MONTANA GOVERNMENTAL CODE OF FAIR PRACTICES, 49-3-207, MCA

In accordance with Section 49-3-207, MCA, the Applicant agrees that for this contract all hiring will be made on the basis of merit and qualifications and that there will be no discrimination on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability, or national origin by the persons performing the contract.

C) COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT (ADA)

(1) Applicant will comply with all regulations relative to implementation of the AMERICANS WITH DISABILITIES ACT.

(2) Applicant will incorporate or communicate the intent

of the following statement in all publications, announcements, video recordings, course offerings or other program outputs: "Contractor will provide reasonable accommodations for any known disability that may interfere with a person in participating in any service, program or activity offered by the Contractor. In the case of documents, recordings or verbal presentations, alternative accessible formats will be provided. For further information call the Contractor."

(3) All video recordings produced and created under contract and/or agreement will be closed-captioned.

Signed by _____

Organization Name _____

Date _____

EXHIBIT A

SAMPLE PUBLIC NOTICE

NOTICE FOR COMMENT BY PRIVATE SECTOR

(Agency Name)

Notice is hereby given that (Agency Name) is requesting review and comment on the application for federal funds to purchase (type of vehicle or other equipment) for providing transportation services to Client Group - e.g., Senior Citizens, D.D. Group Home, D.D. Activity Centers.

The application is on file at (Address). If requested, a public hearing will be held and public notice indicating the location, date, and time of the hearing will be provided. For more information or for those who require accommodations for disabilities, contact Patrick Sanders, Department of Transportation, Helena at 444-4265 (voice), or 444-7696 (TDD).

The (Agency Name) will be requesting financial assistance from the Montana Department of Transportation and the Federal Transit Administration.

EXHIBIT B

TRANSPORTATION ADVISORY COMMITTEE (TAC)

Each transportation service area must have a local Transportation Advisory Committee (TAC). There should be only one TAC per service area. This committee, consisting of local transportation providers and interested community residents, serves as the local planning group who reviews and discusses transportation needs and resources for their local areas. The TAC is not a governing body, but rather an advisory group or forum to assist all local transportation providers.

Persons serving on the TAC should include representatives from the following:

- Development Disabilities Organizations
- Senior Citizens Centers, Nutrition Sites
- Hospitals, Nursing Homes, Retirement Facilities
- Mental Health Centers
- Local Elected Public Officials
- Other Interested Citizens

Each TAC should elect a chairperson who will be responsible for calling meetings and keeping the minutes. The State of Montana recommends that the TAC meet on a quarterly schedule.

A local agency applying for capital assistance grants will notify the TAC that they are applying for federal funding and offer the TAC the opportunity to review the local agency's application. If there are two or more organizations in a service area applying for a capital assistance grant, the TAC should review all applications and prioritize all requests in a written cover letter to the Montana Department of Transportation, Transit Section.